Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$100 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$100 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPO	ORT OF:					
1110 Su	ıka Medical Transport, Inc.					
*WMATC No. *Na	ame of Carrier (as shown on certific	cate of authority)	•	DECEIVE		
6817 Georgia Aveni	ue, N.W., #115, Washington, I	DC 20012-2566		DECEIVE		
	cipal Place of Business			0.7.000		
				JAN 27 2010		
Mailing Address (if diffe	erent from street address)	75	-76			
(301) 559-2506	(202) 262-7042	301-559:		Washington Metropolitan Area Transit Commission		
*Telephone Number	Other Telephone	Fax Number	E-mail	FILE		
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2. CARRIER CON	ITACT PERSON (at mailing a	iddress to whom we shi	ould direct	inquines).		
Mr. Suka Nwani		Vice-President				
*Name		*Title				
(202) 262-7042	(202) 262-7042					
*Telephone Number	Other Telephone	Fax Number	E-mail			
a projetenen	ACENT INCIDE THE METRO	ADOLUTANI DISTRICT E	OD CEDVI	ICE OF BROCESS		
3. REGISTERED AGENT <u>INSIDE</u> THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS *(Complete ONLY if Street Address in item 1 is OUTSIDE Metropolitan District):						
(22)	-	•	,	,		
				.,		
Name of Registered Ag	ent for Service of Process					
Street Address						
Telephone Number	Other Telephone	Fax Number	F-maii	, ,		

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three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; or (3) attach your own vehicle list. Include all required information. Fleet No. *Model *Make *Vehicle VIN (17 digits) *License Plate Registered *Seating Capacity 1999	the ca	arrier certific	es that no	such changes have occurred.			
three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; or (3) attach your own vehicle list. Include all required information. Fleet No. Model Make Vehicle VIN (17 digits) License Plate State Registered Capacity Par Par							
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(IT applicable) Year Make (17 digits) Number Registered Capacity 1979 DDDG 286HBII Z1XK58 B42201 DC 6 4490 JAN 27 2010 Washington Metropolitan Area Transit Commission Area Transit Commission 1 certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.	three	options: (1)	list your v	ehicles below; (2) make any necessary	corrections on t	he enclosed	vehicle
6. *CERTIFICATION: I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date. *SUKA NWANI *Signature			*Make	***************************************	i		*Seating Capacity
6. *CERTIFICATION: I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date. *SUKA NWANI *Signature	1	1999	2024	2B6HB1127XK58	B42201	かし	6
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1111 DOLLES TO 1/0//12	*Name (Typ	e or Print)		*Signature	1 . 1		
*Title *Date	VICE	PRI	ESID	ENT OS,	126/10		

WMATC No: 1110 Washin

Washington Metropolitan Area Transit Commission

2010 Annual Report: Revenue Vehicle List

Name:

Suka Medical Transport, Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

☐ Check this box if all information on this list is complete and accurate.

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Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
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	1999	Dodge	2B6HB11X7XK584490	B42201	DC	6

